

118TH CONGRESS
1ST SESSION

S. _____

To ensure comprehensive wraparound services for families impacted by substance use disorders, and for other purposes.

IN THE SENATE OF THE UNITED STATES

Mr. MARKEY introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

To ensure comprehensive wraparound services for families impacted by substance use disorders, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Substance Use Dis-
5 order and Family Engagement in Recovery Act” or the
6 “SAFE in Recovery Act”.

1 **SEC. 2. ENSURING CARE AND NO UNDUE FAMILY SEPARA-**
2 **TION OF FAMILIES IMPACTED BY SUBSTANCE**
3 **USE DISORDER.**

4 (a) IN GENERAL.—Section 503 of the Social Security
5 Act (42 U.S.C. 703) is amended by adding at the end the
6 following new subsection:

7 “(d) LIMITATIONS ON TOXICOLOGY TESTING TO DE-
8 TECT SUBSTANCE USE.—

9 “(1) IN GENERAL.—As a condition of receiving
10 payments under this section, each State—

11 “(A) shall not require the birthing parent
12 of an infant who is identified as being affected
13 by substance abuse or withdrawal symptoms re-
14 sulting from prenatal drug exposure or a Fetal
15 Alcohol Spectrum Disorder to undergo toxi-
16 cology testing to detect substance use unless the
17 parent—

18 “(i) gives clear and informed consent
19 prior to such testing; and

20 “(ii) is able to access, if necessary for
21 purposes of giving such consent, interpre-
22 tation services and reasonable accommoda-
23 tions for disabilities;

24 “(B) shall ensure that a pregnant or
25 postpartum individual taking a prescription
26 drug, including a prescription drug for the

1 treatment of a substance use disorder, in ac-
2 cordance with the recommendations of the pre-
3 scribing practitioner, shall not be subject to in-
4 vestigations of child abuse and neglect on the
5 basis that such individual is taking such pre-
6 scription drug;

7 “(C) shall ensure that—

8 “(i) any toxicology testing to detect
9 substance use that is provided to a preg-
10 nant or postpartum individual taking a
11 prescription drug, including a prescription
12 drug for the treatment of a substance use
13 disorder, in accordance with the rec-
14 ommendations of the prescribing practi-
15 tioner is consented to by the pregnant or
16 postpartum individual in accordance with
17 subparagraph (A); and

18 “(ii) such testing (and the results of
19 such testing) shall not affect the individ-
20 ual’s access to care or public assistance
21 and shall not be the sole factor in a family
22 separation determination involving the in-
23 dividual; and

24 “(D) shall ensure that any health care pro-
25 vider involved in the delivery or care of an in-

1 fant identified as being affected by substance
2 abuse or withdrawal symptoms resulting from
3 prenatal drug exposure, or a Fetal Alcohol
4 Spectrum Disorder, is not required to notify the
5 child protective services system of the State or
6 any unit of local government of the State of the
7 occurrence of such condition in such infant if
8 such condition is the result of the birthing par-
9 ent of the infant taking a prescription drug, in-
10 cluding a prescription drug for the treatment of
11 a substance use disorder, in accordance with
12 the recommendations of the prescribing practi-
13 tioner, and such provider has no other reason
14 to suspect that the infant is in imminent dan-
15 ger of abuse or neglect.

16 “(2) DEFINITION OF PRESCRIPTION DRUG.—In
17 this subsection, the term ‘prescription drug’ means
18 a drug approved under section 505 of the Federal
19 Food, Drug, and Cosmetic Act (21 U.S.C. 355) or
20 licensed under section 351 of the Public Health
21 Service Act (42 U.S.C. 262) that is subject to sec-
22 tion 503(b)(1) of the Federal Food, Drug, and Cos-
23 metic Act (21 U.S.C. 353(b)(1)).”.

1 (b) EFFECTIVE DATE.—The amendment made by
2 this section shall take effect on the date that is 2 years
3 after the date of enactment of this Act.

4 **SEC. 3. ENSURING A WHOLE-OF-GOVERNMENT APPROACH**
5 **THROUGH A FEDERAL INTERAGENCY TASK**
6 **FORCE TO SUPPORT FAMILIES IMPACTED BY**
7 **SUBSTANCE USE DISORDERS.**

8 (a) ESTABLISHMENT.—There is established within
9 the Federal Government an interagency task force to im-
10 prove—

11 (1) efforts, resources, and services of the Fed-
12 eral Government to support families impacted by
13 substance use disorders;

14 (2) the utilization of such efforts, resources,
15 and services; and

16 (3) strategies to streamline the provision of
17 comprehensive wraparound care for families im-
18 pacted by substance use disorders.

19 (b) MEMBERSHIP.—

20 (1) COMPOSITION.—The task force shall be
21 composed of the heads of the following Federal de-
22 partments and agencies, or their designees:

23 (A) The Centers for Medicare & Medicaid
24 Services.

1 (B) The Substance Abuse and Mental
2 Health Services Administration.

3 (C) The Agency for Healthcare Research
4 and Quality.

5 (D) The Centers for Disease Control and
6 Prevention.

7 (E) The Indian Health Service.

8 (F) The Department of Veterans Affairs.

9 (G) The National Institutes of Health.

10 (H) The Food and Drug Administration.

11 (I) The Health Resources and Services Ad-
12 ministration.

13 (J) The Department of Defense.

14 (K) The Office of Minority Health of the
15 Department of Health and Human Services.

16 (L) The Administration for Children and
17 Families.

18 (M) The Office of the Assistant Secretary
19 for Planning and Evaluation of the Department
20 of Health and Human Services.

21 (N) The Office for Civil Rights of the De-
22 partment of Health and Human Services.

23 (O) The Office of Juvenile Justice and De-
24 linquency Prevention of the Department of Jus-
25 tice.

1 (P) The Office of Community Oriented Po-
2 licing Services of the Department of Justice.

3 (Q) The National Center for Education
4 Evaluation and Regional Assistance of the De-
5 partment of Education.

6 (R) The National Center for Special Edu-
7 cation Research of the Institute of Education
8 Science.

9 (S) The Office of Elementary and Sec-
10 ondary Education of the Department of Edu-
11 cation.

12 (T) The Office for Civil Rights of the De-
13 partment of Education.

14 (U) The Office of Special Education and
15 Rehabilitative Services of the Department of
16 Education.

17 (V) The Bureau of Indian Affairs of the
18 Department of the Interior.

19 (W) The Veterans Health Administration
20 of the Department of Veterans Affairs.

21 (X) The Office of Special Needs Assistance
22 Programs of the Department of Housing and
23 Urban Development.

24 (Y) The Office of Head Start of the Ad-
25 ministration for Children and Families.

1 (Z) The Children’s Bureau of the Adminis-
2 tration for Children and Families.

3 (AA) The Bureau of Indian Education of
4 the Department of the Interior.

5 (BB) Such other Federal agencies as the
6 Secretaries determine to be appropriate.

7 (2) DATE OF APPOINTMENTS.—The heads of
8 Federal departments and agencies shall appoint the
9 corresponding members of the task force not later
10 than 60 days after the date of enactment of this
11 Act.

12 (3) CHAIRPERSON.—The task force shall be
13 chaired by the Secretary of Health and Human
14 Services.

15 (c) DUTIES.—The interagency task force shall carry
16 out each of the following activities:

17 (1) Solicit input from stakeholders, including
18 frontline service providers, educators, mental health
19 professionals, researchers, experts in infant, child,
20 and youth trauma, child welfare professionals, people
21 in recovery, and the public, in order to inform the
22 activities under this subsection.

23 (2) Compile a comprehensive list of all Federal
24 Government efforts, resources, and services to sup-
25 port families impacted by substance use disorders.

1 (3) Assess the effectiveness of care, services,
2 and resources available to families impacted by sub-
3 stance use disorders.

4 (4) Analyze and make recommendations for
5 means of eliminating barriers that prevent individ-
6 uals with substance use disorders from entering and
7 remaining in care for the disorder involved.

8 (5) Analyze and make recommendations for
9 means of eliminating barriers to social services for
10 individuals with substance use disorders and their
11 families.

12 (6) Provide recommendations for effectively
13 streamlining the provision of comprehensive wrap-
14 around care for families impacted by substance use
15 disorders.

16 (7) Recommend a plan for addressing the com-
17 prehensive wraparound care needs of families im-
18 pacted by substance use disorders and specifically
19 address in the plan the needs of populations most
20 disproportionately affected.

21 (8) Other activities as determined appropriate
22 by the Secretary.

23 (d) OPERATING PLAN.—Not later than 120 days
24 after the date of enactment of this Act, the task force shall
25 hold the first meeting. Not later than 2 years after such

1 date of enactment, the task force shall submit to the Sec-
2 retary of Education, the Secretary of Health and Human
3 Services, the Secretary of Labor, the Secretary of the Inte-
4 rior, the Attorney General, and Congress an operating
5 plan for carrying out the activities of the task force de-
6 scribed in subsection (c). Such operating plan shall in-
7 clude—

8 (1) a list of specific activities that the task
9 force plans to carry out for purposes of carrying out
10 duties described in subsection (c), which may include
11 public engagement;

12 (2) a plan for carrying out the activities under
13 subsection (c);

14 (3) a list of members of the task force and
15 other individuals who are not members of the task
16 force that may be consulted to carry out such activi-
17 ties;

18 (4) an explanation of Federal agency involve-
19 ment and coordination needed to carry out such ac-
20 tivities, including any statutory or regulatory bar-
21 riers to such coordination;

22 (5) a budget for carrying out such activities;

23 (6) a proposed timeline for implementing rec-
24 ommendations and efforts identified under sub-
25 section (c); and

1 (7) other information that the task force deter-
2 mines appropriate as related to its duties.

3 (e) FINAL REPORT.—Not later than 3 years after the
4 date of enactment of this Act, the Secretary shall submit
5 to Congress and the general public a final report that con-
6 tains the findings and recommendations (including the
7 recommended plan described in subsection (c)(7)) of the
8 task force.

9 (f) ADDITIONAL REPORTS.—In addition to the final
10 report under subsection (e), the task force shall submit—

11 (1) a report to Congress identifying any rec-
12 ommendations identified under subsection (c) that
13 require additional legislative authority to implement;
14 and

15 (2) a report to the Governors describing oppor-
16 tunities for local- and State-level partnerships, pro-
17 fessional development, or best practices to support
18 families impacted by substance use disorders.

19 (g) SUNSET.—The task force shall sunset on the date
20 that is 60 days after the submission of the report under
21 subsection (e), but not later than September 30, 2028.

22 (h) DEFINITION OF COMPREHENSIVE WRAPAROUND
23 CARE.—In this section, the term “comprehensive wrap-
24 around care” includes clinical, ancillary health, mental

1 health, substance use disorder, and social support services,
2 to address a substance use disorder.

3 **SEC. 4. INCREASING ACCESS TO BEHAVIORAL HEALTH**
4 **CARE THROUGH COMMUNITY HEALTH CEN-**
5 **TERS.**

6 (a) REQUIRED PRIMARY HEALTH SERVICES.—

7 (1) IN GENERAL.—Section 330(b) of the Public
8 Health Service Act (42 U.S.C. 254b(b)) is amend-
9 ed—

10 (A) in paragraph (1)(A)(i)—

11 (i) in subclause (IV), by striking “;
12 and” and inserting a semicolon;

13 (ii) in subclause (V), by striking the
14 semicolon and inserting “; and”; and

15 (iii) by adding at the end the fol-
16 lowing:

17 “(VI) behavioral and mental
18 health and substance use disorder
19 services;”;

20 (B) in paragraph (1)(A)(ii), by inserting “,
21 including such referrals to certified community
22 behavioral health centers” before the semicolon;
23 and

24 (C) in paragraph (2)—

25 (i) by striking subparagraph (A); and

1 (ii) by redesignating subparagraphs
2 (B) through (D) as subparagraphs (A)
3 through (C), respectively.

4 (2) FUNDING.—For purposes of assisting
5 health centers in incorporating behavioral and men-
6 tal health and substance use disorder services into
7 the required primary health services offered by such
8 centers, there is appropriated to the Secretary of
9 Health and Human Services, out of amounts in the
10 Treasury not otherwise appropriated, \$500,000,000
11 for fiscal year 2025, to remain available until ex-
12 pended.

13 (3) REPORT.—Not later than 1 year after the
14 date that is 3 years after the date of enactment of
15 this Act, the Secretary of Health and Human Serv-
16 ices shall submit a report to Congress on—

17 (A) the impact that the amendments made
18 by paragraph (1) has had on access to behav-
19 ioral and mental health and substance use dis-
20 order services; and

21 (B) employee recruitment and retention for
22 behavioral and mental health and substance use
23 disorder providers, including for health centers,
24 certified community behavioral health centers,
25 and other community care settings.

1 (b) ENVIRONMENTAL JUSTICE COMMUNITIES.—Sec-
2 tion 10503 of the Patient Protection and Affordable Care
3 Act (42 U.S.C. 254b-2) is amended—

4 (1) in subsection (b)(1)—

5 (A) in subparagraph (E), by striking
6 “and” at the end; and

7 (B) by adding at the end the following:

8 “(G) \$130,000,000,000 for the period of
9 fiscal years 2024 through 2028.

10 “(f) ENVIRONMENTAL JUSTICE COMMUNITIES.—The
11 Secretary shall ensure that not less than 50 percent of
12 the amounts appropriated under subsection (b)(1) for fis-
13 cal year 2024 or any fiscal year thereafter are awarded
14 to entities for use with respect to projects or sites located
15 in or serving communities with significant representation
16 of communities of color, low-income communities, or Trib-
17 al and Indigenous communities that experience, or are at
18 risk of experiencing, higher or more adverse human health
19 or environmental effects.

20 “(g) PROHIBITION.—No amounts made available
21 under this section may be used for any activity that is
22 subject to the reporting requirements set forth in section
23 203(a) of the Labor-Management Reporting and Disclo-
24 sure Act of 1959 (29 U.S.C. 433(a)).”.

1 **SEC. 5. IMPROVING OUTCOMES FOR PREGNANT AND**
2 **POSTPARTUM PATIENTS WITH SUBSTANCE**
3 **USE DISORDER AND PAYMENTS TO**
4 **INCENTIVIZE CARE FOR OPIOID USE DIS-**
5 **ORDER.**

6 (a) IN GENERAL.—Section 1866F(b)(1) of the Social
7 Security Act (42 U.S.C. 1395cc–6(b)(1) is amended by
8 adding at the end the following new subparagraph:

9 “(G) Improves outcomes for pregnant and
10 postpartum individuals with opioid use dis-
11 order.”.

12 (b) PAYMENTS.—Section 1866F(e)(1) of the Social
13 Security Act (42 U.S.C. 1395cc–6(e)(1) is amended—

14 (1) in subparagraph (A), by inserting “preg-
15 nancy and postpartum services and” after “includ-
16 ing”; and

17 (2) in subparagraph (B)—

18 (A) in clause (iii), by striking “and”;

19 (B) in clause (iv), by striking the period
20 and inserting “; and”; and

21 (C) by adding at the end the following new
22 clause:

23 “(v) pay a higher per applicable bene-
24 ficiary per month care management fee for
25 an applicable beneficiary who receives

1 pregnancy or postpartum services from a
2 participant.”.

3 (c) EFFECTIVE DATE.—The amendments made by
4 this section shall take effect on January 1, 2024, and shall
5 apply to services furnished on or after that date.

6 **SEC. 6. INCREASING ACCESS TO WRAPAROUND SERVICES**
7 **FOR CHILDREN FROM FAMILIES IMPACTED**
8 **BY SUBSTANCE USE DISORDER.**

9 (a) GRANTS.—The Head Start Act is amended by in-
10 serting after section 645A (42 U.S.C. 9840a) the fol-
11 lowing:

12 **“SEC. 645B. CHILDREN FROM FAMILIES IMPACTED BY SUB-**
13 **STANCE USE DISORDER.**

14 “(a) GRANTS.—

15 “(1) IN GENERAL.—The Secretary shall make
16 grants, in accordance with paragraph (2), to Head
17 Start and Early Head Start agencies to enable the
18 agencies to provide comprehensive health, edu-
19 cational, nutritional, social, and other services to
20 children in Head Start and Early Head Start pro-
21 grams, respectively, from families impacted by sub-
22 stance use disorder, or referring the children to such
23 services, to assure best outcomes for the health,
24 wellness, and school readiness of the children.

1 “(2) FORMULA.—The Secretary shall make
2 those grants, to fund the activities described in para-
3 graph (1) for a fiscal year, by—

4 “(A) using the amount appropriated under
5 subsection (c) for that fiscal year; and

6 “(B) distributing that amount in accord-
7 ance with clauses (i) (with respect to additional
8 funding for the comprehensive services de-
9 scribed in paragraph (1)) and (ii) of section
10 640(a)(4)(C).

11 “(b) CONSTRUCTION.—A reference in this subchapter
12 (other than this section) to funds appropriated or provided
13 under this subchapter shall not be considered to include
14 funds appropriated or provided under this section.

15 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
16 is authorized to be appropriated to carry out this section
17 \$60,000,000 for fiscal year 2024 and each subsequent fis-
18 cal year.”.

19 (b) CONFORMING AMENDMENT.—Section 639 of the
20 Head Start Act (42 U.S.C. 9834) is amended by striking
21 “section 657B” and inserting “sections 645B and 657B”.

1 **SEC. 7. COORDINATING RESEARCH OF THE NATIONAL IN-**
2 **STITUTES OF HEALTH.**

3 Part A of title IV of the Public Health Service Act
4 (42 U.S.C. 281 et seq.) is amended by adding at the end
5 the following:

6 **“SEC. 404P. RESEARCH WITH RESPECT TO CO-OCCURRING**
7 **PREGNANCY AND SUBSTANCE USE DIS-**
8 **ORDER.**

9 “The Director of the National Institutes of Health
10 shall establish a consortium on pregnancy, postpartum re-
11 covery, and substance use disorder research to establish
12 research priorities and steward research activities across
13 the national research institutes and national centers to un-
14 derstand and mitigate the harms of substance use disorder
15 for pregnant and postpartum patients and their chil-
16 dren.”.

17 **SEC. 8. ENSURING THE USE OF BEST AVAILABLE MEDICAL**
18 **PRACTICES THROUGH A GAO REPORT ON**
19 **CLINICAL GUIDELINES FOR TREATING PREG-**
20 **NANT AND PARENTING PATIENTS WITH SUB-**
21 **STANCE USE DISORDER AND THEIR CHIL-**
22 **DREN.**

23 The Comptroller General of the United States shall—

24 (1) conduct a study assessing—

25 (A) the extent to which clinical guidelines
26 for treating pregnant and parenting patients

1 with substance use disorder and their children
2 are implemented;

3 (B) any systemic and other barriers to en-
4 suring that patients and children described in
5 subparagraph (A) get access to up-to-date care
6 that addresses the complexity of co-occurring
7 substance use disorder and pregnancy; and

8 (C) access to treatment for pregnant and
9 postpartum individuals with substance use dis-
10 order and the impacts of interactions with child
11 welfare systems; and

12 (2) not later than 2 years after the date of en-
13 actment of this Act, submit a report to Congress on
14 the results of such study.